

# Exhibit 5



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Centers for Medicare &amp; Medicaid Services

*Administrator*  
Washington, DC 20201

May 28, 2025

**SUBJECT:** Urgent Review of Quality Standards and Gender Transition Procedures

As the Administrator of the Centers for Medicare & Medicaid Services (“CMS” or “the Agency”) and as part of CMS’s standard healthcare oversight activities, I am writing to address significant issues concerning quality standards and specific procedures affecting children at your institution.

As articulated in recent [communications](#)<sup>1</sup> from CMS and a [comprehensive review](#) released by the U.S. Department of Health and Human Services (“the Department”), the United States Government has serious concerns with medical interventions for gender dysphoria in children. These interventions include surgical procedures that attempt to transform an individual’s physical appearance to align with an identity that differs from his or her sex or that attempt, for purposes of treating gender dysphoria, to alter or remove an individual’s sexual organs to minimize or destroy their natural biological functions. These interventions also include, but are not limited to, the use of puberty blockers, including GnRH agonists and other procedures, approaches, or modalities, to delay the onset or progression of normally-timed puberty for purposes of treating gender dysphoria, as well as the use of sex hormones, such as estrogen, progesterone, or testosterone, and androgen blockers to align an individual’s physical appearance with an identity that differs from his or her sex. Based on the review cited above, CMS believes that these interventions were initiated with an underdeveloped body of evidence, lack reliable evidence of benefits for minors, and are now known to carry serious risks of long-term and irreparable harm.<sup>2</sup>

Consistent with CMS’s obligations to ensure baseline quality standards at institutions participating in the Medicare and Medicaid programs, CMS asks for your cooperation in understanding the following issues:

**Quality Standards Adherence**

CMS is obligated to monitor potential adverse outcomes in care across the healthcare market. Consistent with the agency’s communications with various healthcare entities outlining concerns with regard to medical interventions for gender dysphoria in children, CMS requests your response within 30 days regarding your institution’s policies and procedures on the following:

1. *The adequacy of informed consent protocols for children with gender dysphoria, including how children are deemed capable of making these potentially life-changing decisions and when parental consent is required;*

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<sup>1</sup> <https://www.cms.gov/files/document/letter-stm.pdf>

<sup>2</sup> <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>

2. *Changes to clinical practice guidelines and protocols* that your institution plans to enact in light of the recent comprehensive review<sup>3</sup> of medical evidence and corresponding guidance released by the Department; and
3. *Any adverse events* related to these procedures, particularly children who later look to de-transition.

### **Gender Transition Procedures Financial Review**

CMS has an obligation to be a good steward of taxpayer dollars. When it comes to surgeries, a per-episode cost of surgeries related to gender dysphoria ranges from \$53,645 - \$133,911 (compared to a typical pediatrician's salary range of \$192,000 - \$249,300 a year). Accordingly, the Agency is conducting a comprehensive review of federal payment policies related to gender transition procedures for patients under 19 years of age. A non-exhaustive list of potentially relevant diagnosis and procedure codes are included in Appendix A, as a point of reference. Within 30 days, please provide complete financial data for all pediatric sex trait modifications performed at your institution and paid, in whole or in part, by the federal government, including:

1. All billing codes utilized for pediatric sex trait modifications (and that correspond with pediatric sex trait modification procedures not determined to be medically necessary)
2. Facility- and Provider-level revenue – or utilization data – generated, directly or indirectly, from these procedures (2020-present)
3. Facility- and Provider-level operating and profit margins for each procedure type (for your institution as well as directly or indirectly owned and / or affiliated providers)
4. Projected revenue forecasts for these service lines.

CMS takes these matters extremely seriously. Our primary concern is ensuring that vulnerable pediatric populations receive evidence-based care that meets the highest quality standards while ensuring appropriate stewardship of federal healthcare resources.

Sincerely,

/s/

Dr. Mehmet Oz

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<sup>3</sup> <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>

## Appendix A

### **Diagnosis Codes (ICD-10-CM)**

<b>Code</b>	<b>Description</b>
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

### **Procedure Codes**

The following procedure codes may be associated with use in medical interventions for gender dysphoria in children, when included with a corresponding Diagnosis Code listed above and performed on patients under 19 years of age.

<b>Code</b>	<b>Description</b>
11950	Subcutaneous injection of filling material; 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 10.1 sq cm to 30.0 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm
15750	Neurovascular pedicle flap
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15769	Grafting of autologous soft tissue, other, harvested by direct excision
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate

15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; other specified sites
17380	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19316	Mastopexy
19318	Breast reduction
19324	Breast augmentation with implant (Mammoplasty, augmentation; without prosthetic implant)
19325	Breast augmentation with implant
19340	Insertion of breast implant on same day of mastectomy
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)

21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21899	Unlisted procedure, neck or thorax
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision
30450	Rhinoplasty, secondary; major revision
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
51040	Cystostomy, cystotomy with drainage
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence
53450	Urethromeatoplasty, with mucosal advancement
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis (separate procedure)
54690	Laparoscopy, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57106	Vaginectomy, partial removal of vaginal wall

57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft, open abdominal approach
57335	Vaginoplasty for intersex state
57425	Laparoscopy, surgical, colpopexy
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58275	Vaginal hysterectomy, with total or partial vaginectomy
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition